## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

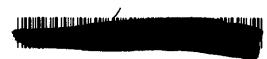
P97000029976 (2)

62ND ST. CAR CARE, INC.

APPROVEU AND FILED

14:01 MA 5- MUL 84

SÉCRETARY OF STATE FALLAHASSES FLORIDA



Oringinal Plac	o of Business	Mailing Address			
-					
12087 62ND ST N - UNIT #3 12087 62ND ST N - UNIT #3 LARGO FL 33773					
J		5.1100 12 05.110			DO NOT WRITE IN THIS SPACE
į					Date Incorporated or Qualified
			<del></del>		04/02/1997
	Place of Business	2a. Mailing Address	. Mailing Address		4. FEI Number Applied For
21		26			59-3437953 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<b>—</b>		5. Certificate of Status Desired S8.75 Additional
22 27 City & State City & State					Fee Required
23		<b>—</b> `	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	v	This corporation owes or has paid the current year Intangible
24	25	} '	30	•	Personal Property Tax due June 30. Yes No
	g, Name and Address of Cur				10. Name and Address of New Registered Agent
NA	NCE, OLIVER		81	Name	
7413 118TH DRIVE			82	Cironi Ad	ddress (P.O. Box Number is Not Acceptable)
LARGO FL 33773			02	Sireet Ad	(פועאוקסטטא זטוין פו וסעוווטידי אטם .ט. ון פפפיטר
			B3		
			1	City	lest 7'- Core
			64	City.	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statute	s, the abov	re-named co	orporation submits this statement for the purpose of changing its registered
office or a	registered agent, or both, in the Si im familiar with, and accept the of	itate of Florida. Such change was au bligations of, Section 607,0505, Flor	uthorized b rida Statute	y the corpoi is.	wation's board of directors. I hereby accept the appointment as registered
SIGNATURE	- · ·				
SIGNATIONE	Signature, typed or printed name of registered	d agent and title if applicable. (NOTE	Registered Ag	ent signature rec	quired when reinstating) DATE
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	NANCE, OLIVER		1.2 NAME	1	0000002557560 6
STREET ADDRESS	7413 118TH DRIVE		1,3 STREE	T ADDRESS	-06/11/9801123008
CITY-ST-ZIP	LARGO FL 33773		1.4 CITY-	ST-ZIP	****150.00 ****150.00
TITLE	VD	☐ DELETE	2.1 TITLE	}	Change
NAME	NANCE, SANDRA L		2.2 NAME		·
STREET ADDRESS	7413 118TH DRIVE		2.3 STALE	T ADDRESS	
CITY-ST-ZIP	LARGO FL 33773		2.4 CITY-	ST-ZIP	
TITLE		L] DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		'
STREET ADDRESS			3.3 STREE	T ADDRESS	
CITY-S1-ZIP			3.4. CITY-	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	-	☐ Change ☐ Addition
NAME			4. 2 NAME	i .	
STREET ADDRESS			4.3 STREE	T ADORESS	
CITY-ST-ZIP			4.4 CITY-	ST-7IP	
TIPLE		☐ DELETE	5.1 TITLE		Change L Addition
NAME			5.2 NAME	1	\ \\_ \\ \
STREET ADDRESS			5.3 STREE	1 ADDRESS	/ KU (*12)
CITY-\$1-ZIP	<del></del>		5.4 CITY	ST-ZIP	
TITLE		<b>₩</b> DELETE	61 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET	I ADDRESS	
CITY-ST-ZIP			6.4 CITY-		
S# I horoby	with that the information auriculus	d with thir films done not qualify for	the evene	vion stated i	in Section 119 07(3)(i) Florida Statutes I Juther certify that the information

I hereby certify that the information supplied with this filing cloes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio indicated on Inis annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or their eceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an appear with an address.